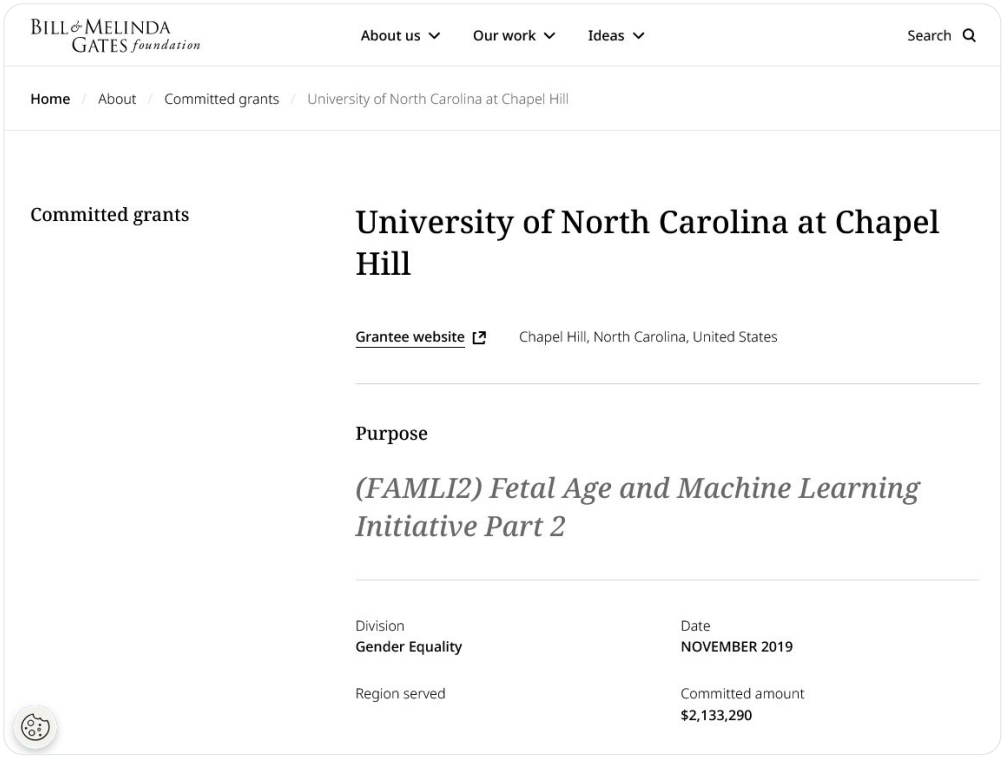
Destiny Rezendes @dezzie_rezzie

Aug 9 • 21 tweets • dezzie_rezzie/status/1689373850985697280

1 🧵 The Bill & Melinda Gates Foundation [BMFG] is a name that cannot be mentioned when discussing the Covid-19 pandemic. Although not a doctor nor was he a politician, Bill Gates' impact was monumental. He funded Baric's lab at UNC Chapel Hill. He was close with Dr. Fauci..



https://www.gatesfoundation.org › about › committed-grants › 2019 › 11 › inv003266

University of North Carolina at Chapel Hill | Bill & Melinda Gates ...

$2,133,290. **Grant** topic. MNCH Discovery and Tools. Duration (months) 29. Grantee location. **Chapel Hill**, North Carolina, United States. More about our work. Our story. Learn about the origins of the **foundation and** the values that drive our work. Learn more. Our work.

https://www.gatesfoundation.org › about › committed-grants › 2018 › 11 › inv-007382

University of North Carolina at Chapel Hill | Bill & Melinda Gates ...

Committed **grants**. More in this section Committed **grants**. Home; About; Committed **grants** ... University of North Carolina at **Chapel Hill** Grantee website **Chapel Hill**, North Carolina, United States Purpose (LABOR) Limiting Adverse Birth Outcomes in Resource-Limited Settings Grantee. Division. Gender Equality ... 1991-2023 **Bill** & **Melinda Gates** ...

2 🧵Gates had purchased immense power in the world of Public Health-founding/funding; GAVI, IAVI, Global Polio Eradicate Initiative GPEI, WHO, CDC, ResearchGate, Global Health Investment Fund & the OECD, Trinity Challenge, GinkoBioworks & In 2000 Gates started the ONE Campaign.

Building global commitment to fight poverty and disease

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In the fight against extreme poverty, hunger, and preventable disease around the globe, ONE plays a unique role. It uses its resources to make human crises and their solutions matter—to leaders, funders, private and public institutions, and millions of people worldwide.

ONE pursues its goals through policy advocacy, grassroots mobilization, communications, and creative campaigning. Among its more visible efforts are direct personal appeals by high-profile individuals—including ONE co-founder Bono—to world leaders to address urgent development issues and follow through on their aid commitments. ONE also mobilizes its 3.2 million members to pressure policymakers to increase their effort, accountability, and transparency in the fight against disease and poverty, particularly in Africa. By making the most of technology and social media, ONE has also become a leading force in educating the public about global health and development and in changing perceptions about aid and its impact.

ONE's Roots

ONE originated in conversations between Bill Gates and Bono in the early 2000s about the need to better inform Americans about extreme poverty around the world. Together with Melinda Gates, Bobby Shriver, George Soros, Ed Scott, Bob Geldof, and Jamie Drummond, they created an anti-poverty advocacy organization called DATA that focused on deploying celebrities and other influential individuals to urge world leaders to take action on specific development issues. Within a few years, DATA had joined with several other organizations to form ONE, with major backing from the Bill & Melinda Gates Foundation. The goal was to create a political constituency for development priorities—particularly the UN Millennium Development Goals, which in 2000 set specific global targets to address disease, poverty, and other pressing development issues.

Investors & Partners

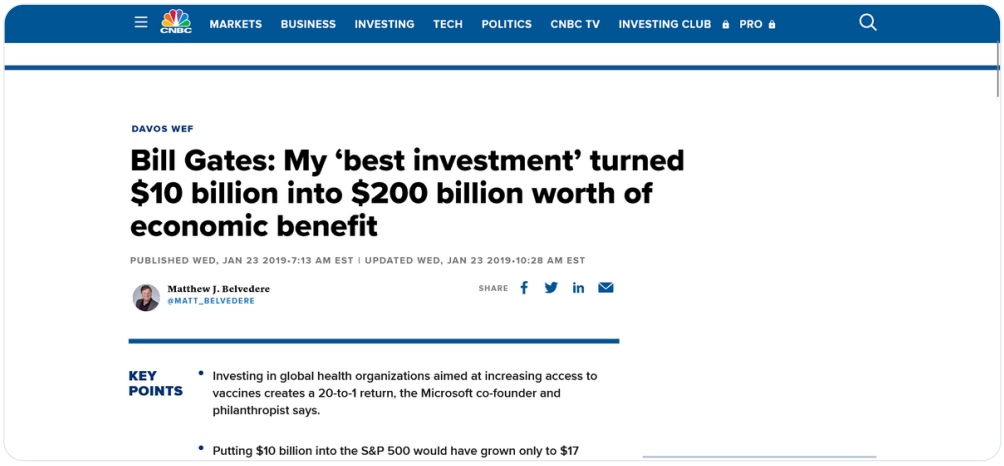
CEPI was founded in Davos by the governments of Norway and India, the Bill & Melinda Gates Foundation, Wellcome, and the World Economic Forum.

To date, CEPI has secured financial support from Australia, Austria, Belgium, the Bill & Melinda Gates Foundation, Canada, Denmark, the European Commission, Ethiopia, Finland, Germany, Greece, Hungary, Iceland, Indonesia, Italy, Japan, Kuwait, Lithuania, Luxembourg, Malaysia, Mexico, Netherlands, New Zealand, Norway, Panama, Portugal, Philippines, Romania, Saudi Arabia, Senegal, Serbia, Singapore, Switzerland, Republic of Korea, United Kingdom, USA, and Wellcome.

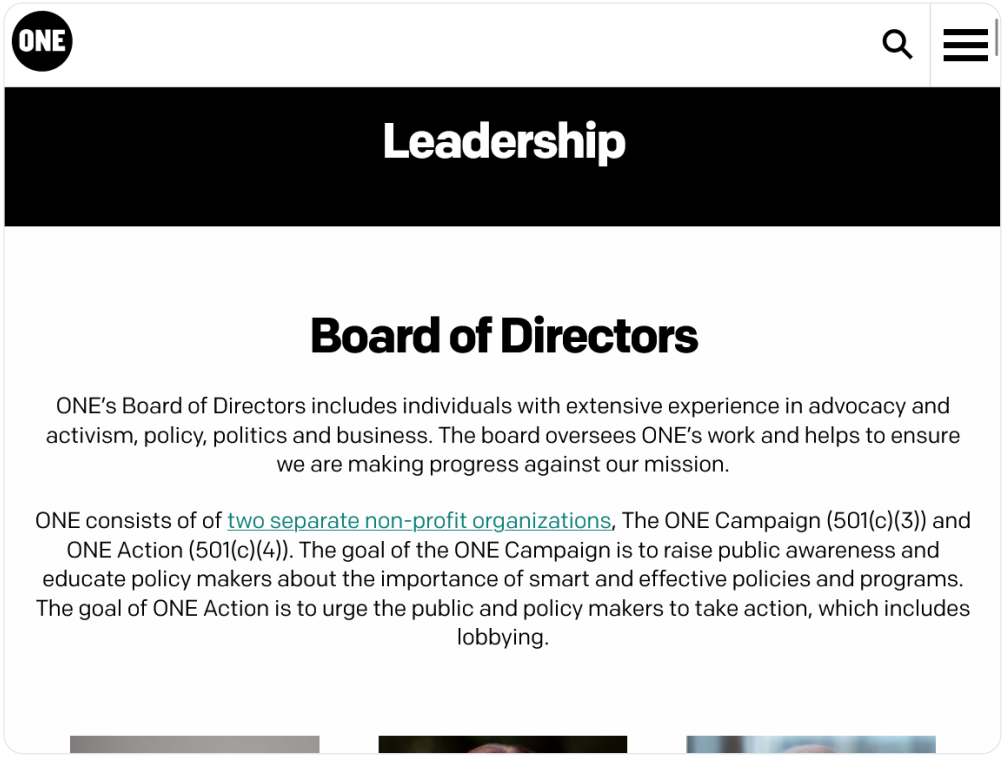
CEPI has also received support from private sector entities as well as public contributions through the UN Foundation COVID-19 Solidarity Response Fund.

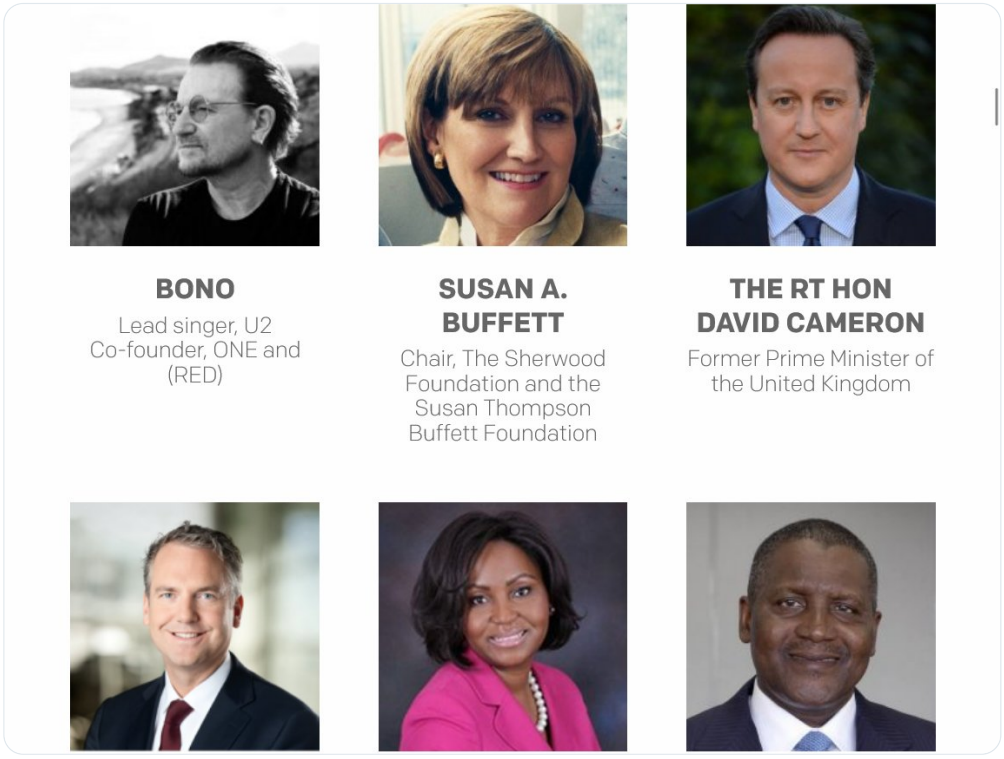
Close collaboration with our partners is crucial for the success of our work.

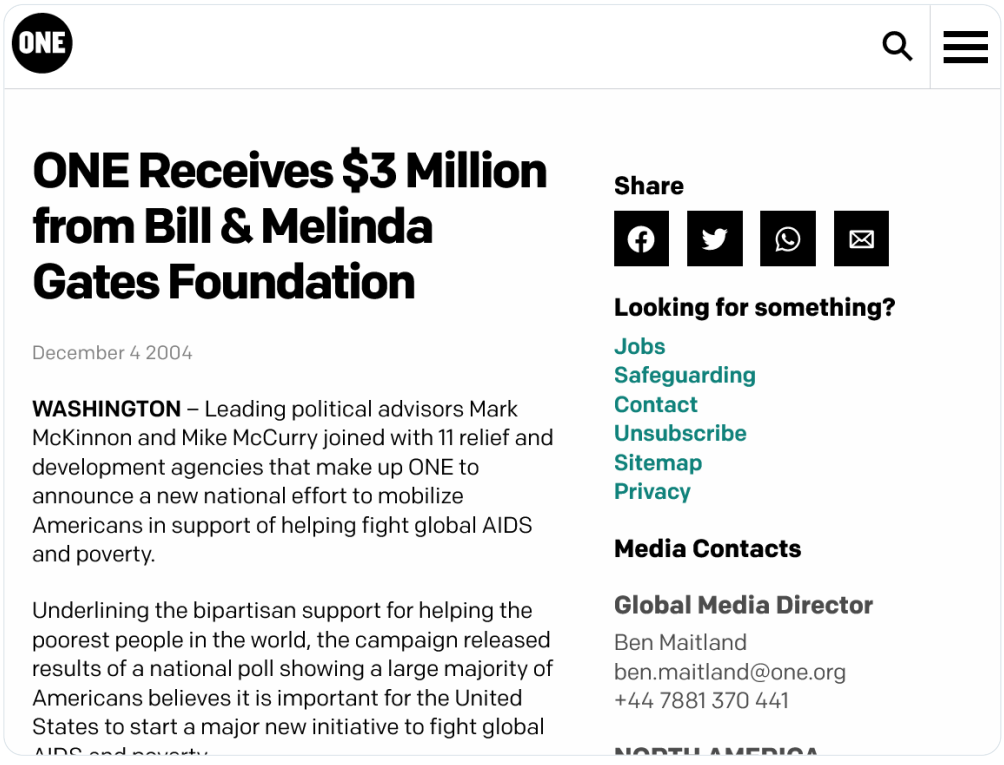
See our full list of contributions and pledges.



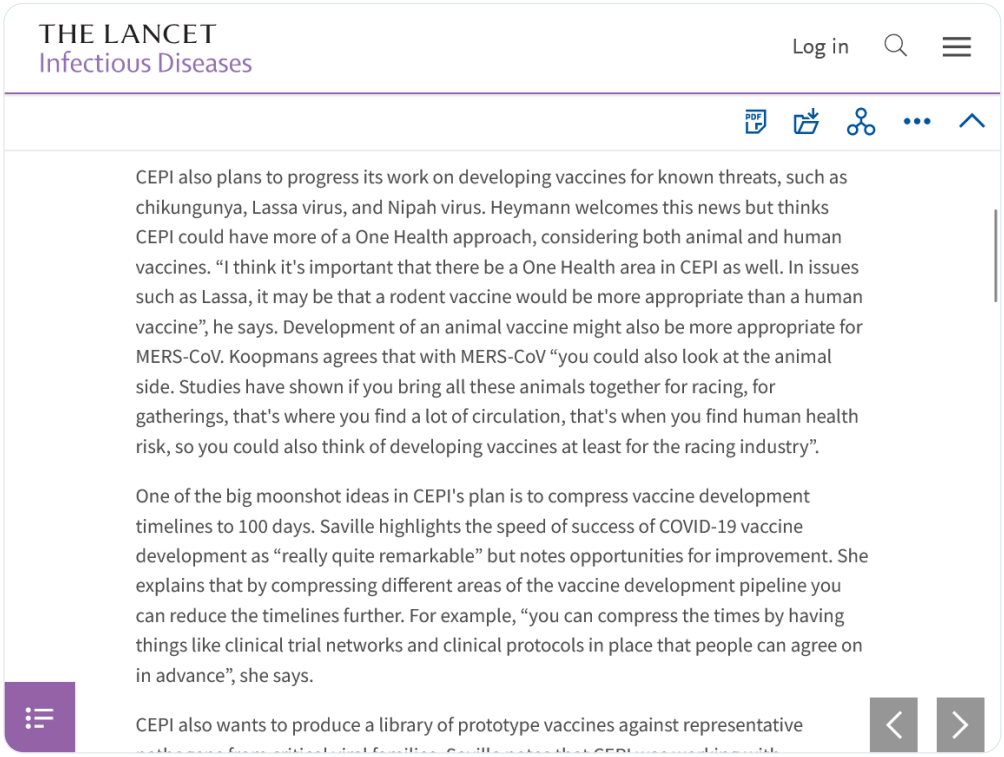
3🧵The ONE Campaign was about...Global Health! [of course] and was formed w/ Bobby Shriver, George Soros, & others & used celebrities like Bono and Lady Gaga to promote it. All of it in alignment with the UN Millennium Development Goals







4🧵In 2017 the BMGF along w/ Wellcome Trust, WEF, Norway & India, founded the Coalition of Epidemic Preparedness [CEPI] at Davos. Now Headquartered in Oslo, Norway. CEPI is a lead promoter of "OneHealth."



5🧵BMFG alongside JP Morgan Chase Bank founded the Global Health Investment Fund which works alongside the Global Health Investment Corporation in 2012, a founder of GHIC is also CEO for GHIF, long time corporate lawyer, and IAVI board member, Labeeb Abboud

GHIC GHIF

what specific types of COVID-19 programs have GHIF portfolio companies launched

Quick Search

GHIF portfolio companies have launched several types of COVID-19 programs. Here are some examples:

- Rapid COVID-19 tests: Atomo Diagnostics and AccessBio, both GHIF portfolio companies, have developed rapid COVID-19 tests that provide results in just minutes [1] [2]. These tests have been approved for use in several countries and are being used to help diagnose COVID-19 infections.
- CRISPR-based diagnostic test: GeneDrive, another GHIF portfolio company, is working on developing a CRISPR-based diagnostic test for COVID-19 [3]. The test would be able to detect the virus in saliva samples and provide results in just 30 minutes.
- Low-cost COVID-19 vaccine: Univercells, a GHIF portfolio company, is working on developing a low-cost COVID-19 vaccine that can be produced quickly and at scale [4]. The vaccine uses a technology called microfluidics to produce the vaccine in small, portable units that can be easily transported and deployed in low-resource settings.
- Other COVID-19-related programs: GHIF portfolio companies have also launched other COVID-19-related programs, although specific details are not provided in the search results. These programs may include the development of COVID-19 treatments, the production of personal protective equipment (PPE), or the deployment of other medical solutions to help address the pandemic.

Overall, GHIF portfolio companies have launched a range of COVID-19 programs, including rapid tests, diagnostic tests, vaccines, and other medical solutions. These programs demonstrate GHIF's commitment to investing in innovative technologies that have the potential to make a significant impact on global health outcomes, including in the context of the COVID-19 pandemic.

Global Health Investment Corporation

About Portfolio Partners News Careers

Global Health Investment Fund

Our namesake $108 million social impact fund (GHIF) invested in twelve companies developing clinical diagnostics, devices, vaccines, and therapeutics targeting diseases that disproportionately burden people living in low- and middle-income countries, such as HIV/AIDS, malaria, tuberculosis and cholera. The fund's portfolio companies have successfully commercialized more than a dozen products that have been delivered to over 100 million people.

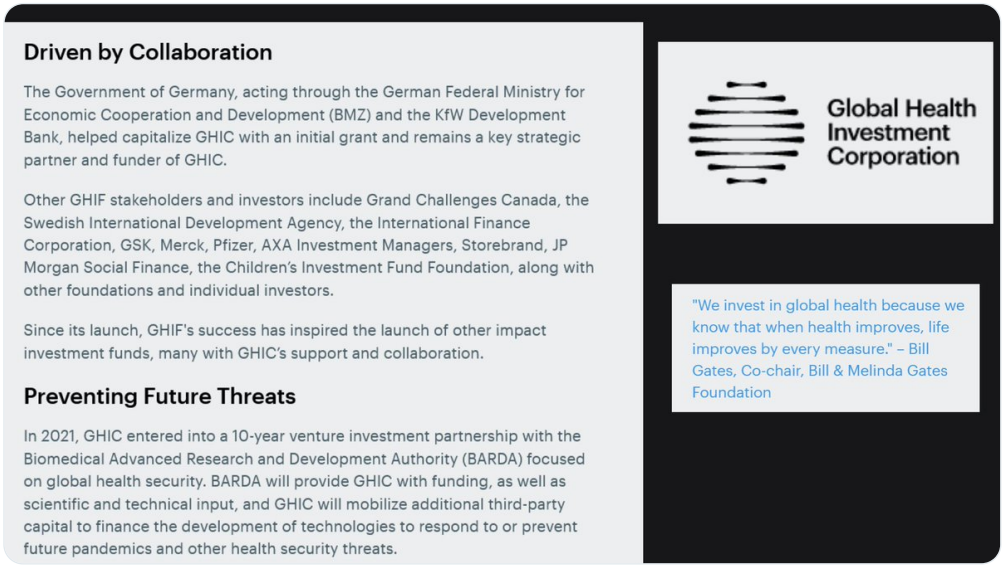
Global Health Investment Corporation

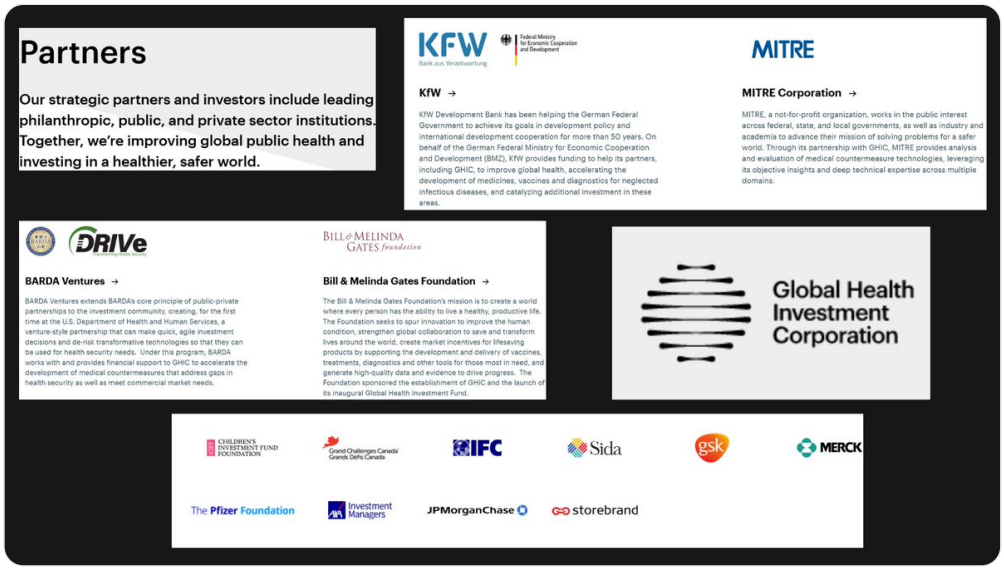
History

Inspired by Innovation

In 2012, the Bill & Melinda Gates Foundation sponsored the creation of GHIC and the launch of its initial fund, the Global Health Investment Fund, with the support of JP Morgan Chase. The original vision was to apply well-established venture capital practices using blended finance to accelerate the development of products and technologies that would improve lives globally by addressing high-burden global health challenges.

GHIF was started by Bill Gates & JP Morgan Chase





6🧵Abboud isn't the only name of interest at GHIC, as thee is also a former FTX member on the board [that's reassuring smh] More importantly, CEPI has massive conflicts of interest, besides board members like Richard Hatchett and Jane Halton there's the Joint Coordination Group-

LABEEB ABBOUD

General Counsel & Senior Vice President
Business Development & Strategy; Corporate Secretary

Labeeb M. Abboud provides leadership on legal affairs, business development, intellectual property, risk management, and innovative finance initiatives. He advises the Board of Directors and CEO on governance and strategy, and is board chair of the IAVI-UVRI HIV Vaccine Program in Uganda. He is principally responsible for structuring IAVI's collaborations and joint ventures with academic, industry, and public sector partners to ensure that any HIV vaccine developed will be globally accessible and affordable.

Abboud is Chairman of the Board of the Global Health Investment Fund, a Bill & Melinda Gates Foundation-sponsored social impact investment fund focused on accelerating late-stage development of vaccines, drugs, diagnostics, and devices to address global health challenges in developing countries. He also serves on the Expert Advisory Group of the Medicines Patent Pool, which seeks to increase access to HIV, viral Hepatitis C, and tuberculosis treatments in low- and middle-income countries.

Prior to joining IAVI in 2004, he had 20 years of experience in the fields of international law and finance. He is a member of the Council on Foreign Relations, and has also served on the boards of several non-profit organizations. He is a graduate of Wesleyan University and Georgetown University Law Center.

As of December 2017

Members of the Scientific Advisory Committee

Alan D. Barrett
University of Texas Medical Branch

Alash'le Abimiku
International Research Center of Excellence, Institute of Human Virology, Nigeria/ University of Maryland School of Medicine Institute of Human Virology

Azra Ghani
Imperial College London, UK

Marco Safadi
Santa Casa de Sao Paulo School of Medical Sciences, Brazil

Michael King
University of Virginia (SAC Vice Chair)

Michel De Wilde
MDW Consultant, LLC

Paula Bryant
National Institute of Allergy and Infectious Diseases, National Institutes of Health, USA

Peter Dull
Bill & Melinda Gates Foundation

Peter Paradiso
Paradiso Biologics Consulting LLC

Christian Drosten
Charité – Universitätsmedizin Berlin, Germany

Dominique Maugeais
RH Solutions

Dr Emmanuel Hanon
Viome (SAC Chair)

Phil Krause
World Health Organization

Rebecca Grais
Pasteur Network

Peter Smith
London School of Hygiene & Tropical Medicine

Gary Nabel
Modex Therapeutics

George Gao
Chinese Center for Disease Control and Prevention/ Institute of Microbiology, CAS

Inger Damon
Centers for Disease Control and Prevention USA/ Emory University

Stanley Plotkin
Emeritus Professor, University of Pennsylvania, USA

Sani Aliyu
Cambridge University Hospitals Foundation Trust

Josie Golding
Wellcome

Ken J. Ishii
International Vaccine Design Center, The Institute of Medical Science, The University of Tokyo

Kent Kester
IAVI

Rino Rappuoli
Fondazione Biotecnopolo di Siena

V. Krishna Mohan
Bharat Biotech, India

Laura Palomares
Instituto de Biotecnología, Universidad Nacional Autónoma de México (UNAM) (SAC Vice Chair)

Linfa Wang
Duke-NUS Medical School, Singapore

Vineeta Bal
Indian Institute of Science Education a Research, Pune, India

Stephen Thomas
SUNY Upstate Medical University, USA

Luciana Borio
Arch Venture Partners

Mahmudur Rahman
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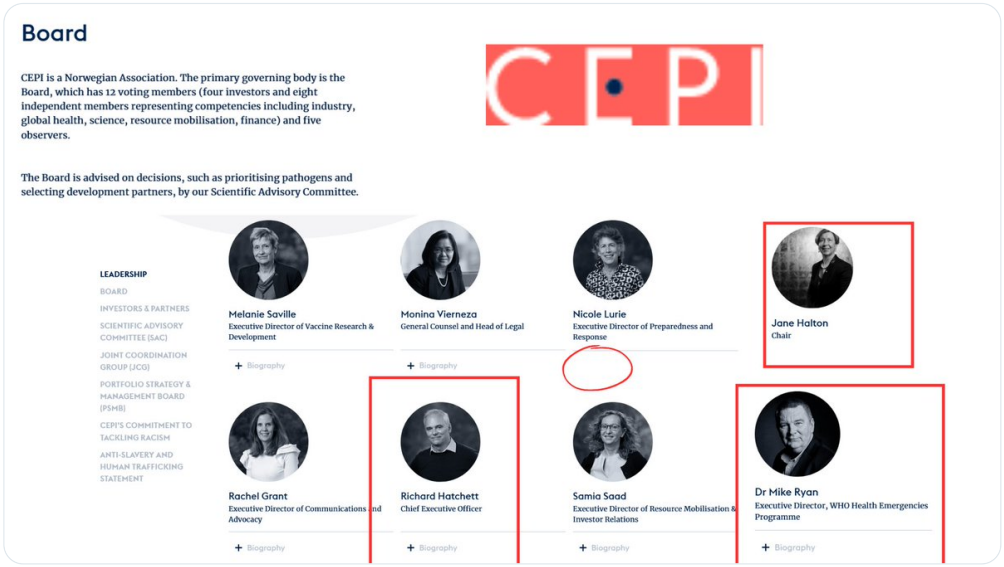
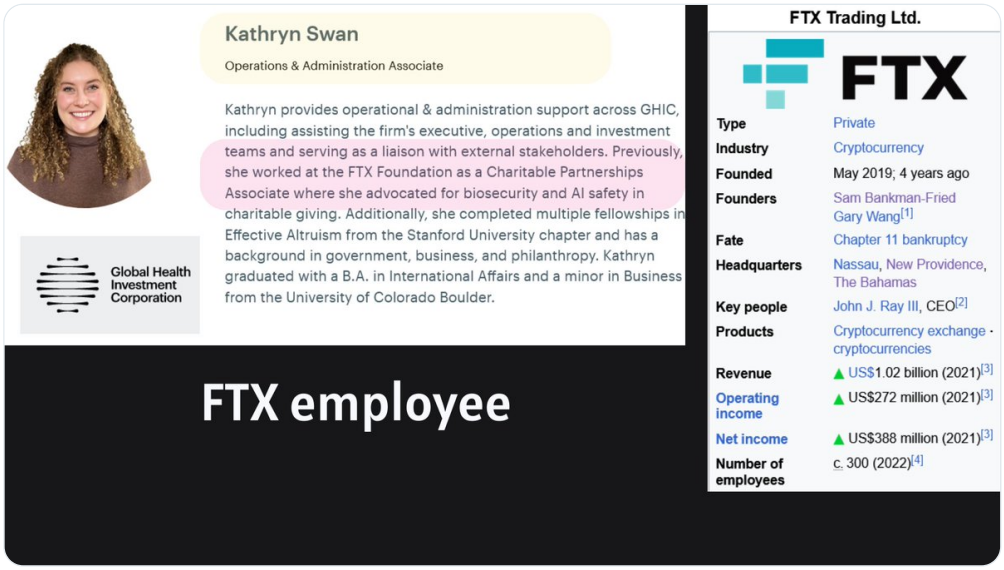
Marc Lipsitch
Harvard T.H. Chan School of Public Health USA

Vaseeharan Sathiyamoorthy
World Health Organization





7🧵CEPI's Joint Coordination Group includes; the European Medicines Agency, GAVI, UNICEF, FDA, WHO, & World Bank. CEPIs Scientific Advisory Committee which includes; Christain Drosten, China's CDC director George Gao, Stanley Plotkin [wrote the literal book on "Vaccines,"

CEPI

Scientific Advisory Committee (SAC)

The Scientific Advisory Committee is an independent body within the CEPI governing structure that provides world-class scientific support, advice, and guidance to CEPI staff and the CEPI Board in responding to the current COVID-19 pandemic.

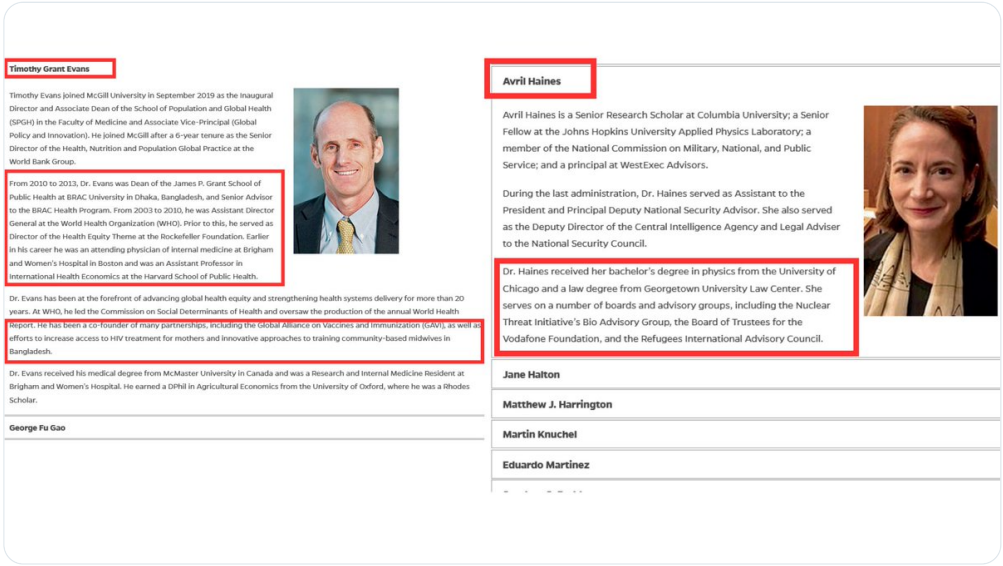
They also deliver guidance and challenge towards CEPI's US$3.5bn plan to mitigate or even dramatically reduce the threat of future pandemics and epidemics. Final decision-making about the issues addressed by the committee rests with CEPI staff or the Board.

CEPI Joint Coordination Group

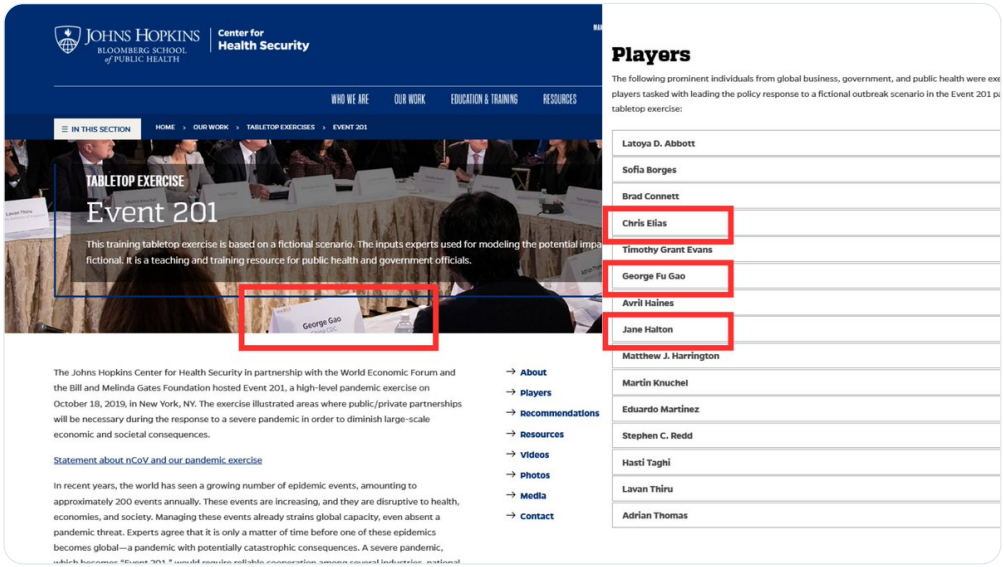
The current members of the Joint Coordination Group include:

- The African Vaccine Regulatory Forum (AVAREF)
- **Developing Countries Vaccine Manufacturers Network (DCVMN) member**
- **European Medicines Agency (EMA)**
- FIND, the global alliance for diagnostics
- **Gavi, the Vaccines Alliance**
- The Global Fund
- International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) member
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- **Médecins Sans Frontières (MSF)**
- **UNICEF**
- **US Food and Drug Administration (FDA)**
- **Wellcome Trust**
- **World Bank**
- **World Health Organization (WHO)**

CEPI



8. 🧵 It is worth noting that George Gao, who is China's CDC Director who was one of only 15 "players" at Event 201 in Fall of 2019 [hosted by WEF, BMGF, and Johns Hopkins] & is a two time board member for the Global Health Preparedness Monitoring Board is also CEPI.



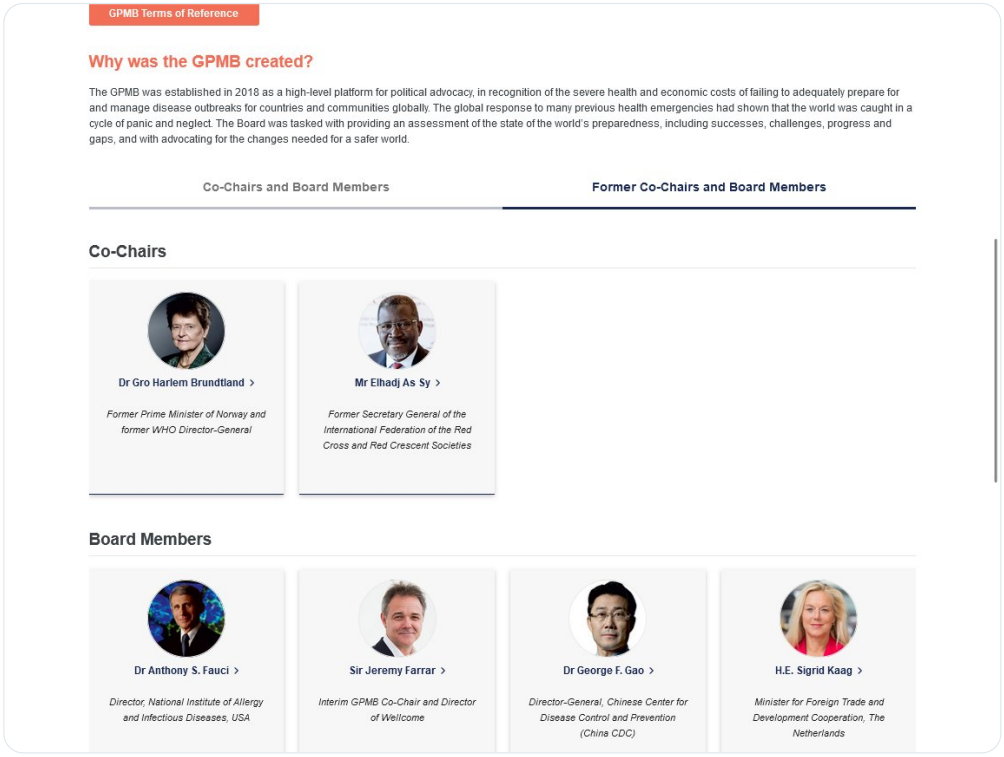
George Fu Gao

Professor George F. Gao is the Director-General, Chinese Center for Disease Control and Prevention; a Professor in the Institute of Microbiology, Chinese Academy of Sciences; President of the Chinese Society of Biotechnology; and President of the Asian Federation of Biotechnology (AFOB).

Dr. Gao obtained his DPhil degree from Oxford University, UK, and did his postdoc work in both Oxford University and Harvard University, with a brief stay in Calgary University. His research interests include enveloped viruses and molecular immunology. His group research is mainly focused on the enveloped virus entry and release, especially influenza virus interspecies transmission (host jump), structure-based drug-design, and structural immunology. He is also interested in virus ecology, especially the relationship between influenza virus and migratory birds or live poultry markets and the bat-derived virus ecology and molecular biology.

Dr. Gao has published more than 450 refereed papers and 10 books or book chapters, and he has applied for and obtained more than 25 UK, US, and Chinese patents. His research has recently expanded to public health policy and global health strategy. He led the China CDC team from September to November 2014 to work in Sierra Leone in the fight against Ebola.

Dr. Gao is a member (academician) of the Chinese Academy of Sciences, a fellow of the Third World Academy of Sciences (also known as the World Academy of Sciences), a fellow of the American Academy of Microbiology, and an associate member of EMBO. He is a recipient of several national and international awards, including the TWAS Medical Prize (2012), the Nikkei Asian Prize (2014), and the HLHL S&T Advancement Award (2015).



9🧵Two other JCG members at CEPI are Linfa Wang, a fellow bat expert w/ Shi Zeng Li. Wang is a UC Davis grad. The other is Luciana Borio; CFR member, Johns Hopkins Grad, & the CIA's venture fund, In-Q-Tel's, VP & inspiration for Resilience Inc/Moderna https://t.co/gSppzWKKtf

Destiny Rezendes ✓
@dezzie_rezzie · **Follow**

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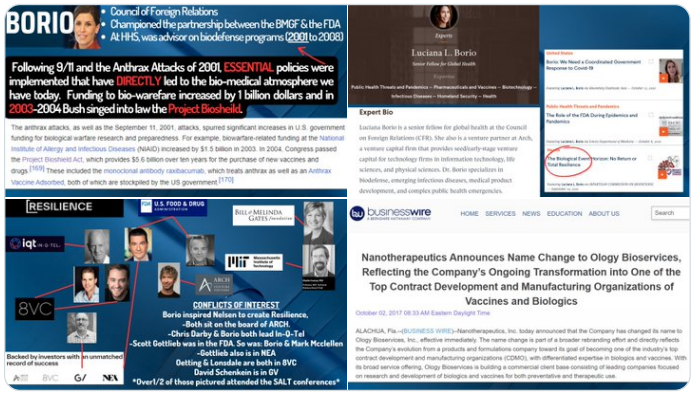
Resilience has acquired an insane $1.9 billion from just 4 funding rounds & in as little as 25months! How is that possible? Other than the gains made in acquisitions, Resilience itself was practically handed $800 million at its inception. Why? Luciana Borio...



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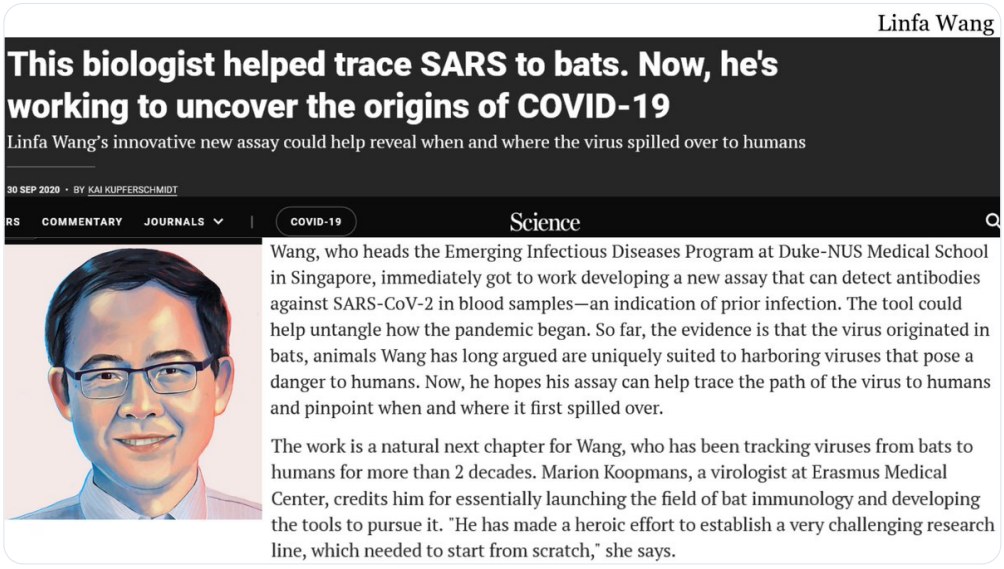

Linfa Wang

This biologist helped trace SARS to bats. Now, he's working to uncover the origins of COVID-19

Linfa Wang's innovative new assay could help reveal when and where the virus spilled over to humans

30 SEP 2020 • BY KAI KUPFERSCHMIDT

RS COMMENTARY JOURNALS COVID-19 Science

Wang, who heads the Emerging Infectious Diseases Program at Duke-NUS Medical School in Singapore, immediately got to work developing a new assay that can detect antibodies against SARS-CoV-2 in blood samples—an indication of prior infection. The tool could help untangle how the pandemic began. So far, the evidence is that the virus originated in bats, animals Wang has long argued are uniquely suited to harboring viruses that pose a danger to humans. Now, he hopes his assay can help trace the path of the virus to humans and pinpoint when and where it first spilled over.

The work is a natural next chapter for Wang, who has been tracking viruses from bats to humans for more than 2 decades. Marion Koopmans, a virologist at Erasmus Medical Center, credits him for essentially launching the field of bat immunology and developing the tools to pursue it. "He has made a heroic effort to establish a very challenging research line, which needed to start from scratch," she says.

10🧵I've covered Borio and Linfa Wang in the past & their involvement cannot be understated. What's interesting is to see Borio in multiple articles in early 2020 in NEMJ, & JAMA that were co-authored by Jesse Goodman,a Georgetown univ grad & husband to Nicole Luire.

VIEWPOINT

Finding Effective Treatments for COVID-19
Scientific Integrity and Public Confidence in a Time of Crisis

Jesse L. Goodman, MD, MPH, Georgetown University, Washington, DC.

Luciana Borio, MD In-Q-Tel, Arlington County, Virginia.

Everyone wants new treatments and vaccines to address the devastation of coronavirus disease 2019 (COVID-19). But, currently, under intense pressure and based on hope and limited data from poorly conducted clinical trials and observational data, many clinicians are embarking on ill-advised and uncontrolled human experimentation with unproven treatments.[1] This approach cannot provide answers about what treatments are effective, and it poses undue risk to patients. In this light, decisions to seek and invoke Emergency Use Authorization (EUA) authorities from the US Food and Drug Administration (FDA), such as the recent EUA for chloroquine and hydroxychloroquine,[2] which will further increase use of these drugs for treating individuals with COVID-19, are noteworthy and deserve careful attention. Not only are there potential negative consequences from uncontrolled use of these drugs based on currently unconvincing data but, equally concerning, the integrity of governmental decision-making is increasingly coming under pressure, risking harm to both patients and to the public confidence needed to respond effectively to this pandemic.

In 2014, Ebola virus disease, then believed to be fatal to most infected individuals, was widespread in West Africa. Early doses of "secret serum," the triple monoclonal antibody combination (ZMapp), were given to 2 US citizens. Both survived, generating intense global pressure to use this product and other unproven treatments. At the time, it was argued[3] that even promising therapies most often prove ineffective or harmful and that, even in an emergency, the fastest route to learning whether experimental products work was with randomized clinical trials (RCTs). At the same time, it was noted that, provided adequate supplies, access for patients who could not enroll in clinical trials could be facilitated through FDA "compassionate use" (or "expanded access") provisions. Such provisions, unlike EUA, require consent and provide enhanced clarity to physicians and patients that the product is experimental and not necessarily endorsed by the government.

As learned from the Ebola outbreak, mortality can be reduced through identifying best practices.

However, there was extreme resistance to conducting RCTs, and by the time a study that compared the monoclonal antibody combination therapy with standard care was underway, the epidemic was waning and the trial terminated before it could reach definitive conclusions. It took 4 years and another outbreak to learn that any potential benefit afforded by this triple antibody product was less than that of 2 similar treatments. Furthermore, because of the deficit of RCTs, it is still not known whether other experimental Ebola treatments are of value or may be injurious. As a result of these experiences, a consensus emerged that sound research can and should be done during emergencies and that RCTs are the most ethical and reliable approach to quickly identify effective treatments and ensure that the most people benefit.[4]

In this context, the recent issuance of the chloroquine/hydroxychloroquine EUA, in the midst of political pressure and with scant and conflicting supporting evidence, should be of serious concern. Although everyone hopes these drugs will be found to work, the weakness of currently existing efficacy data and safety concerns are significant.[5,6] Furthermore, growing enthusiasm about the drugs has resulted in unintended consequences, including anecdotal reports of fatal ingestions as well as hoarding that puts patients who need the drugs for proven indications at risk. Resulting shortages also risk promoting production and use of substandard or counterfeit substitutes.

Why the concern about EUAs? An EUA is intended to allow use of select experimental products or of approved products for unproven indications with exceptions to FDA requirements that may not be feasible to meet during some emergencies (eg, good manufacturing practices, institutional review boards, written informed consent). EUA issuance requires the FDA's scientific review, an independent process of high integrity, to conclude that it is reasonable to believe that "the known and potential benefits of the product, when used to diagnose, prevent, or treat the identified disease or condition, outweigh the known and potential risks of the product."[4] Although this standard is short of requirements for full drug or biologic approvals, it still depends on careful weighing of available evidence and represents a de facto government judgment in support of a specific use in a specific emergency. Although unintended, it is not infrequent to see an EUA portrayed as akin to an FDA approval, including now for chloroquine/hydroxychloroquine.[7]

EUAs that have been requested and granted in the past, such as during the anthrax attacks of 2001 and the 2009 pandemic influenza A(H1N1), have all been underpinned by substantive evidence supporting the standard of known and potential benefits being likely to exceed risks, particularly as compared with the recent chloroquine/hydroxychloroquine EUA. For example, oseltamivir, a drug of known safety and

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jama.com

JAMA Published online April 16, 2020 E1

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Luciana Borio, MD
In-Q-Tel, Arlington County, Virginia.

VIEWPOINT

The US Regulatory System and COVID-19 Vaccines
The Importance of a Strong and Capable FDA

Joshua M. Sharfstein, MD
Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland.

Jesse L. Goodman, MD, MPH
Medicine and Infectious Diseases, Georgetown University, Washington, DC.

Luciana Borio, MD
In-Q-Tel, Arlington County, Virginia.

For many in public health and medicine, the coronavirus disease 2019 (COVID-19) pandemic in the US has been a frustrating journey from one disappointment to the next: late access to testing, insufficient staff and inadequate funding for contact tracing, jumbled communications, and, at the end of 2020, a chaotic launch of vaccination efforts. But in one area, from the beginning of the pandemic to the present, the US has excelled: facilitating the rapid development of COVID-19 vaccines. Much of the credit has justifiably gone to the scientists who adopted and created the technology, to the companies that made the vaccines, to the participants who volunteered for clinical trials, to the National Institutes of Health, and to Operation Warp Speed, which funded several candidate vaccines, minimizing financial risk for the companies. A less recognized partner in this effort—but no less essential to its success—is the US Food and Drug Administration (FDA).

In early spring 2020, the quest to develop vaccines was described as a competition between nations, with anticipation that countries first to vaccinate would gain a geopolitical advantage.[1] As the virus spread from country to country, governments had to decide among

US success and global leadership will continue to depend on innovative science, sufficient resources, and a strong and capable FDA.

dozens of competing technologies, many with a plausible argument for success. Biomedical researchers from across the world joined the effort to develop a vaccine. Global efforts to develop vaccines provided early funding, and national leaders planned to spend whatever resources would be necessary.

From the start of this effort, a pivotal question was how to define success. What evidence would be required to assess risks and benefits and to know whether a vaccine is ready for broad use?

The FDA approached these questions by engaging colleagues at the National Institutes of Health, working with scientists at the companies, hearing from academic experts, and then, most importantly, by relying on the experience of the agency's own scientists in the Office of Vaccine Research and Review, many of whom have spent their careers overseeing and assessing vaccine development. Early questions included what toxicology studies were needed, how to assess safety and immune response in the early human trials, and how to select a dosing regimen.

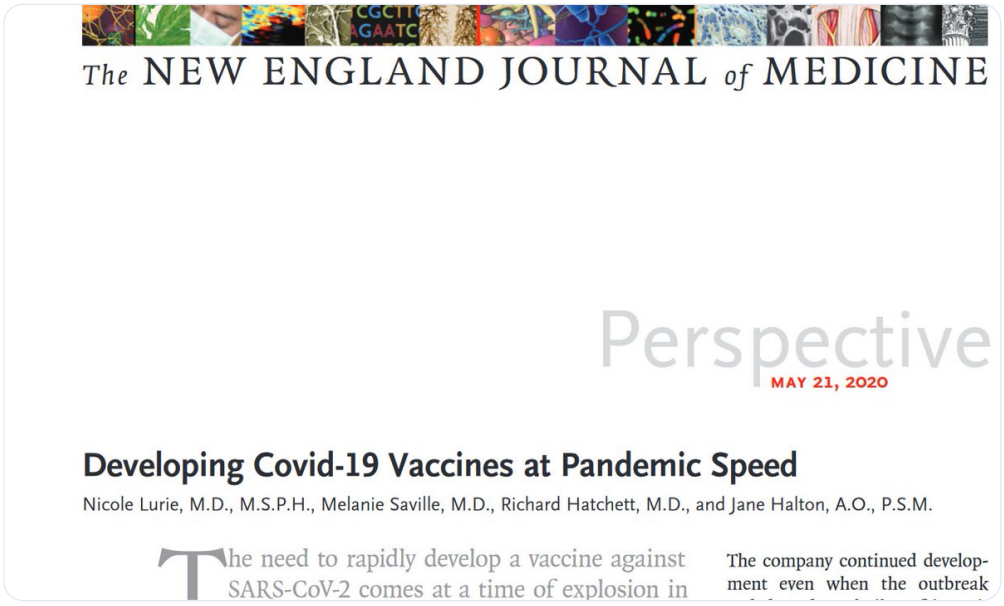
The FDA then had to decide on the types and amounts of scientific evidence needed to determine that a vaccine candidate is safe and effective for use by millions of people. The agency came under substantial pressure to consider authorizing vaccines based on immunogenicity data that measure a vaccine's ability to induce an immune response. However, given limited scientific understanding of what constitutes protective immunity to severe acute respiratory syndrome coronavirus 2, the agency, with support from many leading scientists, insisted on meaningful clinical outcomes.[2] In a widely read guidance released in June 2020, the agency said that for licensure, a vaccine would need to achieve at least a 50% reduction in COVID-19 disease, with confidence intervals that excluded less than a 30% reduction.[3] This guidance required companies to establish safety and efficacy of their vaccines by conducting large, diverse, controlled phase 3 clinical trials involving tens of thousands of patients. The FDA scientific staff then worked closely with the World Health Organization in efforts to promote high standards globally.

Not all nations waited for clinical results before using vaccines widely. In August 2020, Russia approved its vaccine and reportedly had administered it to more than 2 million people before completing trials or releasing data about its safety and efficacy. Neither naming their vaccine Sputnik nor declaring the race over answered serious questions in the scientific or clinical community. In September, China began vaccinating thousands of people, including employees at state-owned businesses, government officials, and company executives, also before clinical trials were completed.

In October 2020, the FDA built on its earlier guidance on standards for licensure to explain what data would be needed to support the potential interim step of emergency use authorization.[4] The agency's scientists and, ultimately, Commissioner Stephen Hahn resisted White House efforts to prevent the issuance of this guidance and to establish a low bar, such as relying only on very early and interim data with minimal safety information. Instead, the agency required a minimum number of clinical cases, including serious disease, to occur in the clinical trial cohort before reaching an efficacy end point, and required a median of 2 months of safety follow-up, as well as submission of a full data set for its own analysis of the data.

In November, Pfizer-BioNTech and then Moderna announced positive results of their clinical trials. The FDA quickly conducted its own analyses of the companies' raw data, confirming high efficacy and a reassuring safety

JAMA Published online February 15, 2021 E1



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

MAY 21, 2020

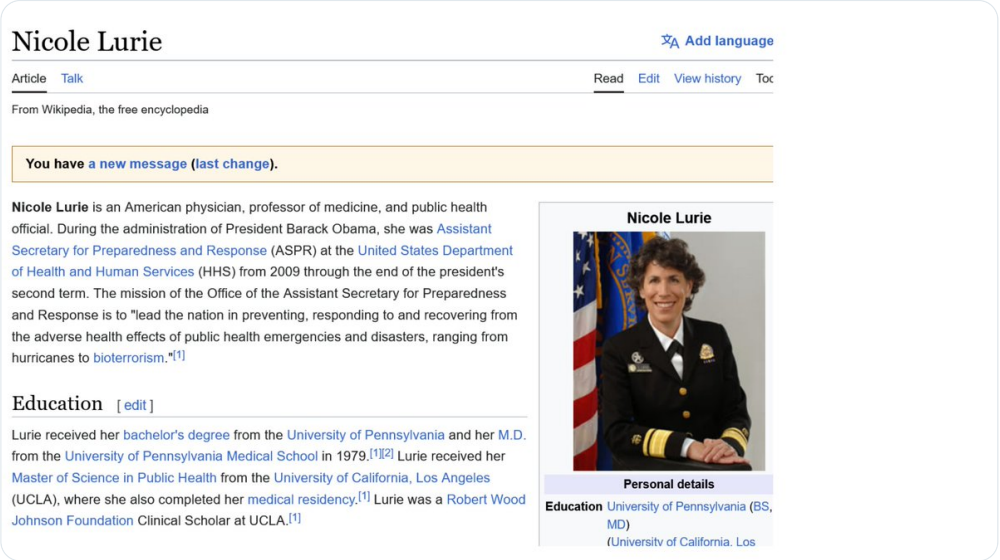
Developing Covid-19 Vaccines at Pandemic Speed

Nicole Lurie, M.D., M.S.P.H., Melanie Saville, M.D., Richard Hatchett, M.D., and Jane Halton, A.O., P.S.M.

The need to rapidly develop a vaccine against SARS-CoV-2 comes at a time of explosion in

The company continued development even when the outbreak

11🧵Nicole Lurie sits on the board for CEPI, although her bio seems to be missing from their page. Lurie was the Assistant Secretary for Preparedness and Response under the Obama admin, RAND member, who was responsible for the gov't response to the Flint water crisis.



Nicole Lurie

Add language

Article Talk Read Edit View history Tod

From Wikipedia, the free encyclopedia

You have a new message (last change).

Nicole Lurie is an American physician, professor of medicine, and public health official. During the administration of President Barack Obama, she was Assistant Secretary for Preparedness and Response (ASPR) at the United States Department of Health and Human Services (HHS) from 2009 through the end of the president's second term. The mission of the Office of the Assistant Secretary for Preparedness and Response is to "lead the nation in preventing, responding to and recovering from the adverse health effects of public health emergencies and disasters, ranging from hurricanes to bioterrorism."[1]

Education [edit]

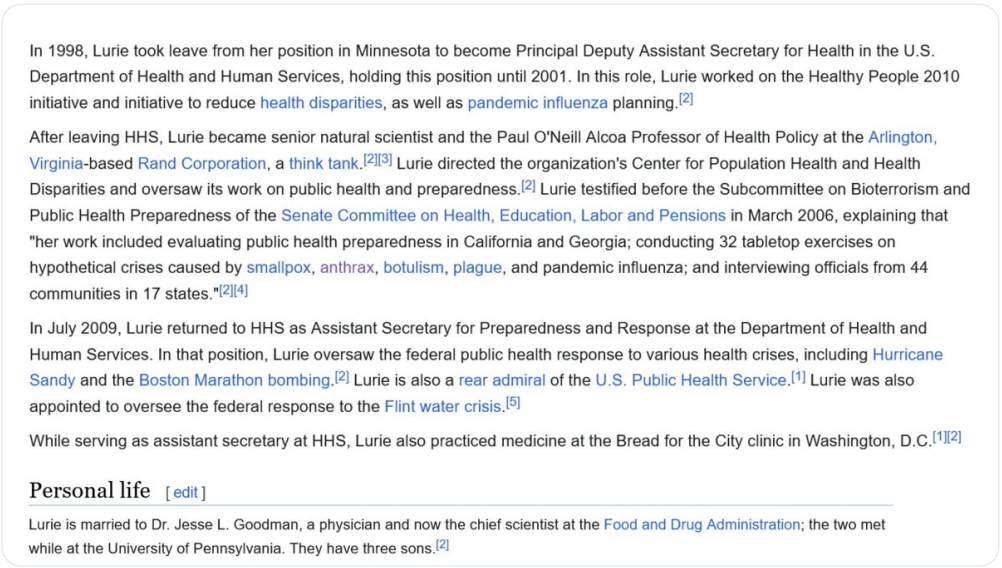
Lurie received her bachelor's degree from the University of Pennsylvania and her M.D. from the University of Pennsylvania Medical School in 1979.[1][2] Lurie received her Master of Science in Public Health from the University of California, Los Angeles (UCLA), where she also completed her medical residency.[1] Lurie was a Robert Wood Johnson Foundation Clinical Scholar at UCLA.[1]

Nicole Lurie

Personal details

Education University of Pennsylvania (BS, MD)

(University of California, Los



In 1998, Lurie took leave from her position in Minnesota to become Principal Deputy Assistant Secretary for Health in the U.S. Department of Health and Human Services, holding this position until 2001. In this role, Lurie worked on the Healthy People 2010 initiative and initiative to reduce health disparities, as well as pandemic influenza planning.[2]

After leaving HHS, Lurie became senior natural scientist and the Paul O'Neill Alcoa Professor of Health Policy at the Arlington, Virginia-based Rand Corporation, a think tank.[2][3] Lurie directed the organization's Center for Population Health and Health Disparities and oversaw its work on public health and preparedness.[2] Lurie testified before the Subcommittee on Bioterrorism and Public Health Preparedness of the Senate Committee on Health, Education, Labor and Pensions in March 2006, explaining that "her work included evaluating public health preparedness in California and Georgia; conducting 32 tabletop exercises on hypothetical crises caused by smallpox, anthrax, botulism, plague, and pandemic influenza; and interviewing officials from 44 communities in 17 states."[2][4]

In July 2009, Lurie returned to HHS as Assistant Secretary for Preparedness and Response at the Department of Health and Human Services. In that position, Lurie oversaw the federal public health response to various health crises, including Hurricane Sandy and the Boston Marathon bombing.[2] Lurie is also a rear admiral of the U.S. Public Health Service.[1] Lurie was also appointed to oversee the federal response to the Flint water crisis.[5]

While serving as assistant secretary at HHS, Lurie also practiced medicine at the Bread for the City clinic in Washington, D.C.[1][2]

Personal life [edit]

Lurie is married to Dr. Jesse L. Goodman, a physician and now the chief scientist at the Food and Drug Administration; the two met while at the University of Pennsylvania. They have three sons.[2]

12 🧵 Lurie's husband, Jesse Goodman- former CBER director, & FDA chief Scientist, on the board for GSK, the United States Pharmacopeia [USP] which sets standards for health care products in the U.S recognized as official by the federal government and are enforceable by the FDA.

What is the focus of Nicole Lurie's work at CEPI

Quick Search

Nicole Lurie, MD, MSPH | AME – Academic Medica... · academicmedical... · 1

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Former Assistant Secretary for... · cepi · 5

Nicole Lurie Named Penn LDI Distinguished Health... · upenn · 6

Answer

Nicole Lurie's work at CEPI (Coalition for Epidemic Preparedness Innovations) focuses on preparedness and response to public health emergencies, including the development of vaccines to stop future epidemics [1][2][5]. As the Executive Director for Preparedness and Response at CEPI and Director of CEPI-US, Lurie has been guiding CEPI's emergency response efforts since 2017, including its COVID-19 response [4]. Prior to COVID-19, CEPI's work focused on developing vaccines against Ebola [5].

3. **Assistant Secretary for Preparedness and Response (ASPR)**: During the administration of President Barack Obama, Lurie served as the Assistant Secretary fo Preparedness and Response at the United States Department of Health and Human Services (HHS) from 2009 through the end of the president's second term [1]. In this role, she was responsible for leading the nation's efforts to prepare for and respond t public health emergencies.
4. **CEPI**: Lurie was appointed as the US Director at CEPI (Coalition for Epidemic Preparedness Innovations), a global partnership to develop vaccines to stop future epidemics [3]. She also serves as the Executive Director for Preparedness and Response at CEPI and Director of CEPI-US [2].
5. **Penn LDI Distinguished Health Policy Fellow**: Lurie was named a Penn LDI Distinguished Health Policy Fellow in 2017 [6]. This fellowship recognizes her expertise ir health policy.

Nicole Lurie is connected to several organizations in her career. Here are the organizations she is connected to:

1. **World Bank**: Nicole Lurie is currently a consultant to the World Bank [1]. Her role in this capacity is not specified in the search results.
2. **Coalition for Epidemic Preparedness Initiatives (CEPI)**: Lurie is connected to CEPI and holds multiple roles within the organization. She is the Executive Director for Preparedness and Response at CEPI and also serves as the Director of CEPI-US [3][5].
3. **United States Department of Health and Human Services (HHS)**: Lurie served as the Assistant Secretary for Preparedness and Response (ASPR) at HHS during the administration of President Barack Obama [2][4]. In this role, she provided leadership in preventing, responding to, and recovering from the adverse health effects of public health emergencies and disasters [1].
4. **Bread for the City clinic**: While serving as the assistant secretary at HHS, Lurie also practiced medicine at the Bread for the City clinic in Washington, D.C. [2].
5. **Society of General Internal Medicine**: Lurie was elected to the council of the Society of General Internal Medicine in 1987 and served as its president from 1997 to 1998 [2].
6. **Institute of Medicine**: Lurie is a member of the Institute of Medicine [2]. The Institute of Medicine is now known as the National Academy of Medicine.

These organizations highlight Lurie's involvement in public health, emergency preparedness, and healthcare policy at both national and international levels.

U.S. Pharmacopeia (USP)

Jesse L. Goodman, M.D., M.P.H.

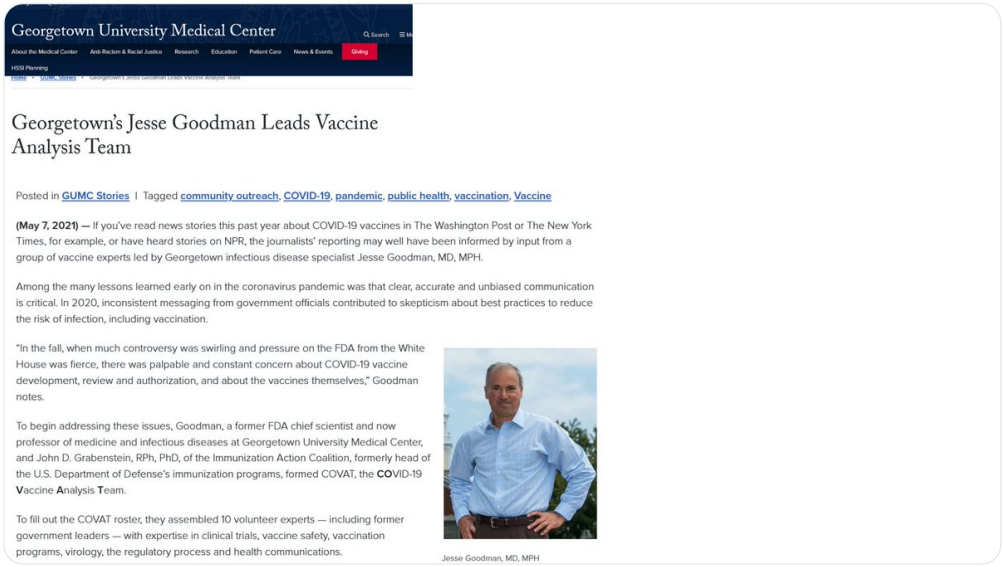
Medical Sciences Trustee

Having served as President of the USP Convention during the 2015-2020 cycle, Dr. Jesse Goodman will help guide USP as it begins its third century of promoting and protecting public health. In his role as Medical Sciences Trustee on USP's board, Dr. Goodman will apply his knowledge of USP along with his personal and professional experience as the organization rises to the challenges of the global supply chain and helping to ensure ongoing access to quality medicines for people around the world.

His day-to-day experiences as a practicing clinician coupled with the knowledge that he gained during years with FDA have given Dr. Goodman an appreciation for the need for balanced and collaborative approaches to regulations and what that could do to keep our drug and food supply as safe and effective as possible.

Dr. Goodman is the Director of the Center on Medical Product Access, Safety and Stewardship and attending physician at Georgetown University and DC Veterans Administration Hospitals. Until 2014, Dr. Goodman was FDA's Chief Scientist, leading crosscutting scientific efforts, including public health preparedness and medical countermeasures. Prior to that, Dr. Goodman directed FDA's Center for Biologics Evaluation and Research, supporting innovative regulatory approaches to vaccines and other biologics and spearheading unique public–private efforts to address public health challenges. As Senior Advisor to the Commissioner, he initiated the first U.S. Task Force on Antimicrobial Resistance. Having served on the World Health Organization's Ebola Vaccine Working Group, Dr. Goodman helped develop the Global Vaccine Action Plan. He is currently on the Centers for Disease Control and Prevention's Board of Scientific Counselors (Infectious Diseases).

A Harvard graduate, Dr. Goodman received his M.D. from Albert Einstein College of Medicine and completed postdoctoral training at the University of Pennsylvania and UCLA, where he was Chief Resident. He has been elected to the Institute of Medicine of the National Academy of Sciences.



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HSSI Planning

Home • GUMC Stories • Georgetown's Jesse Goodman Leads Vaccine Analysis Team

Georgetown's Jesse Goodman Leads Vaccine Analysis Team

Posted in GUMC Stories | Tagged community outreach, COVID-19, pandemic, public health, vaccination, Vaccine

(May 7, 2021) — If you've read news stories this past year about COVID-19 vaccines in The Washington Post or The New York Times, for example, or have heard stories on NPR, the journalists' reporting may well have been informed by input from a group of vaccine experts led by Georgetown infectious disease specialist Jesse Goodman, MD, MPH.

Among the many lessons learned early on in the coronavirus pandemic was that clear, accurate and unbiased communication is critical. In 2020, inconsistent messaging from government officials contributed to skepticism about best practices to reduce the risk of infection, including vaccination.

"In the fall, when much controversy was swirling and pressure on the FDA from the White House was fierce, there was palpable and constant concern about COVID-19 vaccine development, review and authorization, and about the vaccines themselves," Goodman notes.

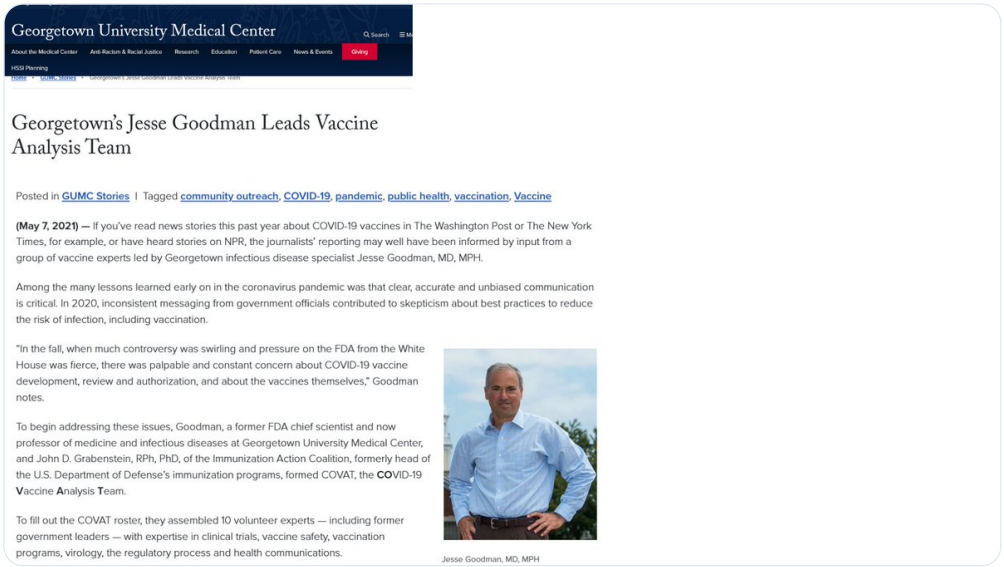
To begin addressing these issues, Goodman, a former FDA chief scientist and now professor of medicine and infectious diseases at Georgetown University Medical Center, and John D. Grabenstein, RPh, PhD, of the Immunization Action Coalition, formerly head of the U.S. Department of Defense's immunization programs, formed COVAT, the **CO**VID-19 **V**accine **A**nalysis **T**eam.

To fill out the COVAT roster, they assembled 10 volunteer experts — including former government leaders — with expertise in clinical trials, vaccine safety, vaccination programs, virology, the regulatory process and health communications.

Jesse Goodman, MD, MPH

13 🧵 Goodman has also been on the boards for WHO, CDC, NIH, & like his wife, Lurie, he too sat on the board for CEPI. Goodman and CIA darling Borio authored many narrative based articles in early 2020 but why? Turns out they share roles together at COVAT

14 🧵 COVAT= COVID-19 Vaccine Analysis Team, ran by Georgetown University & it began September 25th 2020. Alongside Borio & Goodman are influential names like, Paul Offit, Walter Orenstein, and Vaxophile Peter Hotez-all to give pro-vaccine guidance.



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Home • GUMC Stories • Georgetown's Jesse Goodman Leads Vaccine Analysis Team

Georgetown's Jesse Goodman Leads Vaccine Analysis Team

Posted in GUMC Stories | Tagged community outreach, COVID-19, pandemic, public health, vaccination, Vaccine

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Jesse Goodman, MD, MPH

"Our experts include former FDA, CDC, White House, DOD and HHS scientific leaders, leading academic experts from around the country, and media and public health experts," Goodman says. "We've all worked together in some capacity over the years."

COVAT's blue-ribbon panel of experts include a former commissioner of health for New York City, the former directors of both the Office of Vaccines Research and Review and the Division of Epidemiology at FDA, the former director for medical and biodefense preparedness at the National Security Council, the previous director of the National Vaccine Program Office at HHS, the former communications director for the CDC, and two leading academic vaccine developers.

View a List of COVAT Members

Mary Bassett, MD, MPH, François-Xavier Bagnoud Professor of the Practice of Health and Human Rights, director of the François-Xavier Bagnoud Center for Health and Human Rights; former commissioner of health for New York City

Norman Baylor, PhD, president and CEO, Biologics Consulting; former director o FDA's Office of Vaccines Research and Review

Luciana Borio, MD, vice president In-Q-Tel; former director for Medical and Biodefense Preparedness at the National Security Council; former FDA acting chief scientist

M. Miles Braun, MD, MPH, adjunct professor, Georgetown University School of Medicine; former director of FDA's Division of Epidemiology

Bruce Gellin, MD, MPH, president, Global Immunization, Sabin Vaccine Institute; former deputy assistant secretary for health and director of the National Vaccine Program Office, U.S. Department of Health and Human Services

Jesse L. Goodman, MD, MPH, COVAT chair; professor of medicine and infectious diseases, Georgetown University; former FDA chief scientist and former director of the FDA Center for Biologics Evaluation and Research

John D. Grabenstein, RPh, PhD, COVAT co-chair; colonel, U.S. Army (retired); editor for Immunization Action Coalition; general manager of Vaccine Dynamics; former global executive director of medical affairs, Merck Vaccines; former senior scientist and director for U.S. Department of Defense military immunization program

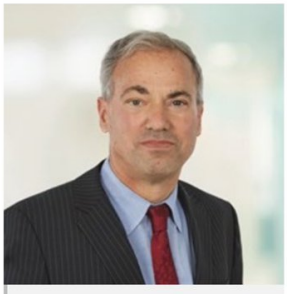
Peter Hotez, MD, PhD, dean, National School of Tropical Medicine; professor of pediatrics and molecular virology & microbiology, Baylor College of Medicine; director, Texas Children's Hospital Center for Vaccine Development

Glen Nowak, PhD, strategic communications advisor to COVAT; director, Center for Health and Risk Communication, professor of advertising, University of Georgia; former director of media relations at CDC and communications director for CDC's National Immunization Program

Paul A. Offit, MD, director, Vaccine Education Center, professor of pediatrics, division of infectious diseases, Children's Hospital of Philadelphia; Hilleman Professor of Vaccinology, Perelman School of Medicine, University of Pennsylvania

Walter A. Orenstein, MD, professor of medicine, epidemiology, global health anc pediatrics, Emory University; associate director, Emory Vaccine Center; director, vaccine policy and development; former deputy director, Immunization Programs, Gates Foundation; former director, CDC National Immunization Program

Link: https://gumc.georgetown.edu/gumc-stories/georgetowns-jesse-goodman-leads-vaccine-analysis-team/#



Bio and Featured Works

Teaching

Grants, Awards, Honors, Patents

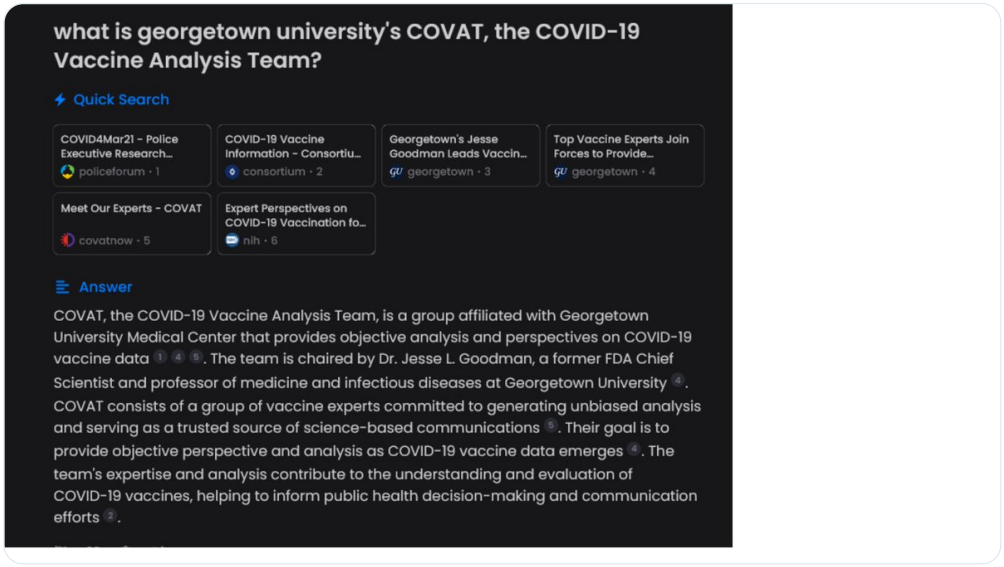
A graduate of Harvard, Dr. Goodman received his M.D. from the Albert Einstein College of Medicine and did residency and fellowship training in Medicine, Infectious Diseases and Oncology at the Hospital of the University of Pennsylvania and at the University of California in Los Angeles (UCLA), where he was also Chief Medical Resident. Prior to his government service, he was Professor of Medicine and Chief of Infectious Diseases at the University of Minnesota where his laboratory isolated and characterized *Anaplasma phagocytophilum*, the etiologic agent of granulocytic anaplasmosis, then a newly recognized tick-borne disease.

He has served on numerous Advisory Boards and Committees for organizations including the CDC, NIH, and WHO, and helped develop the R and D section of the Global Vaccine Action Plan. He previously served on the Scientific Advisory Board of the Coalition on Epidemic Preparedness Innovations (CEPI) and currently is a Member of CDC's Board of Scientific Counselors. In 2015, he was elected volunteer President and Board member of the United States Pharmacopeia, a non-profit standards setting organization working to advance safety and quality of medicines and foods globally. In 2016, he joined the Board of GSK, chairing its Science Committee, and in 2018 the Board of Intellia Therapeutics. He has been elected to the American Society for Clinical Investigation and to the National Academy (Institute) of Medicine of the National Academy of Sciences, where he is a longstanding member of its Forum on Microbial Threats.

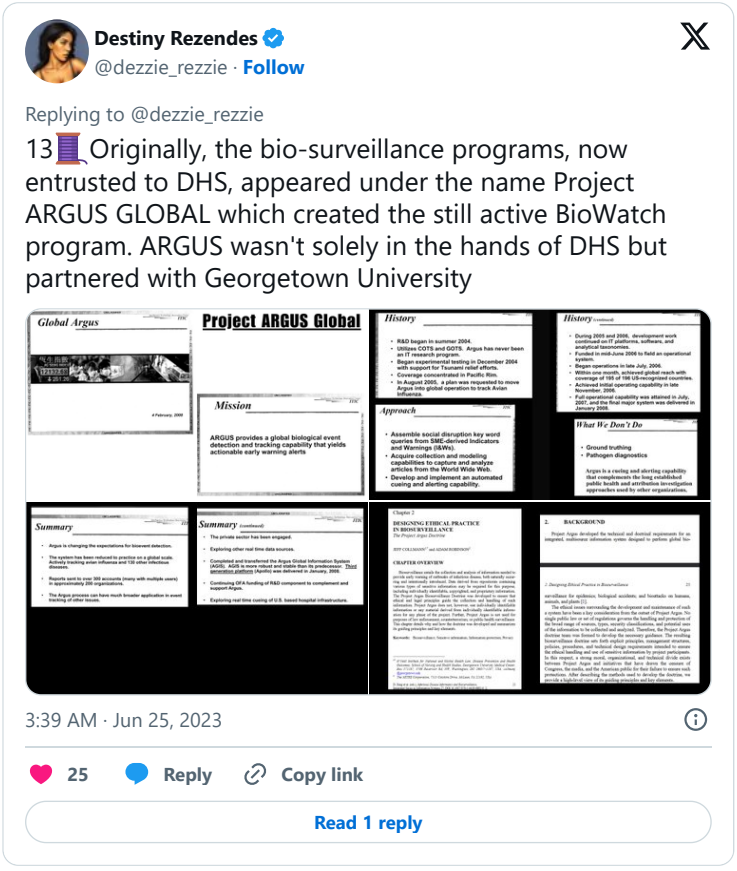
Language(s)

Spanish (Speak Read)

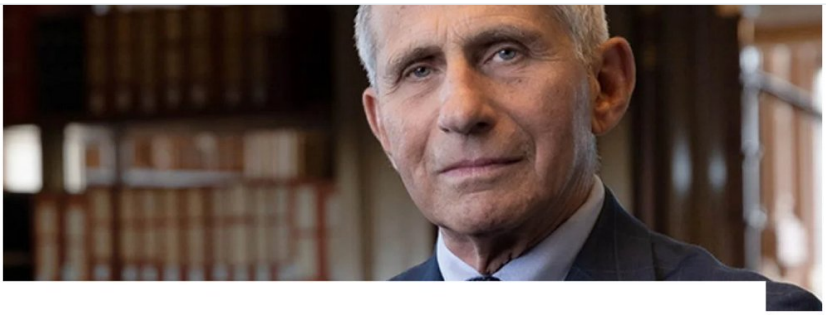
Link COVAT: https://www.policeforum.org/covid4mar21



15🧵In prior threads I have covered the alarming connection between Moderna's C19 jab and the CIA, namely Borio via Nat'l Resilience, as well as Georgetown's decades long health agendas.. https://t.co/U7rP8ixuke



16🧵As I've gone over before Georgetown Univ is one of the biggest purveyors of global health surveillance systems & often at the behest of the CIA/DoD. Not only is Goodman a professor, but so is EcoHealth's William Karesh, Katz, & Carlin, & as was recently announced Dr. Fauci.



University News

Dr. Anthony Fauci To Join Georgetown Faculty as Distinguished University Professor

June 26, 2023

After dedicating 54 years of his life to public service, Dr. Anthony Fauci has chosen Georgetown University to play a major role in the next phase of his career.

GEORGETOWN UNIVERSITY

Who We Are Campus & City

As a Distinguished University Professor at Georgetown, Fauci will participate in medical and graduate education and engage with students.

"I am delighted to join the Georgetown family, an institution steeped in clinical and academic excellence with an emphasis on the Jesuit tradition of public service," Fauci said. "This is a natural extension of my scientific, clinical and public health career, which was initially grounded from my high school and college days where I was exposed to intellectual rigor, integrity and service-mindedness of Jesuit institutions."

University News

5 Questions for Dr. Fauci on Why He Decided To Join Georgetown

How Jesuit Education Influenced Dr. Fauci

Fauci's Catholic upbringing and Jesuit education left an imprint on his career trajectory and approach to medicine and public service. He graduated from Regis High School in New York City in 1958 and the College of the Holy Cross in 1962 — two Jesuit institutions that cultivated intellectual rigor and service to others, he said.

Link: https://www.georgetown.edu/news/dr-anthony-fauci-to-join-georgetown-faculty-as-distinguished-university-professor/

CENTER for GLOBAL HEALTH SCIENCE & SECURITY

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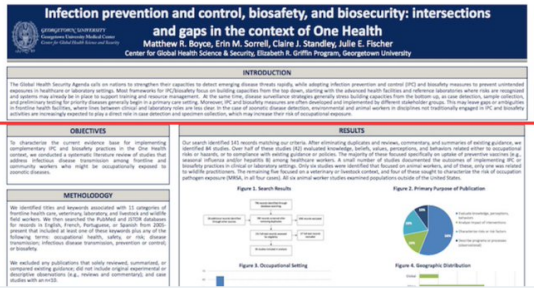
Biosafety Research

The Elizabeth R. Griffin Program focuses on strengthening the evidence base for implementing biosafety, biosecurity, and occupational health programs for the workers on the frontlines of laboratory research and health security.

Biosafety and One Health poster presented at the 15th International CDC Biosafety Symposium.



Infection prevention and control, biosafety, and biosecurity: intersections and gaps in the context of One Health

Matthew R. Boyce, Erin M. Sorrell, Claire J. Standley, Julie E. Fischer

Center for Global Health Science & Security, Elizabeth R. Griffin Program, Georgetown University

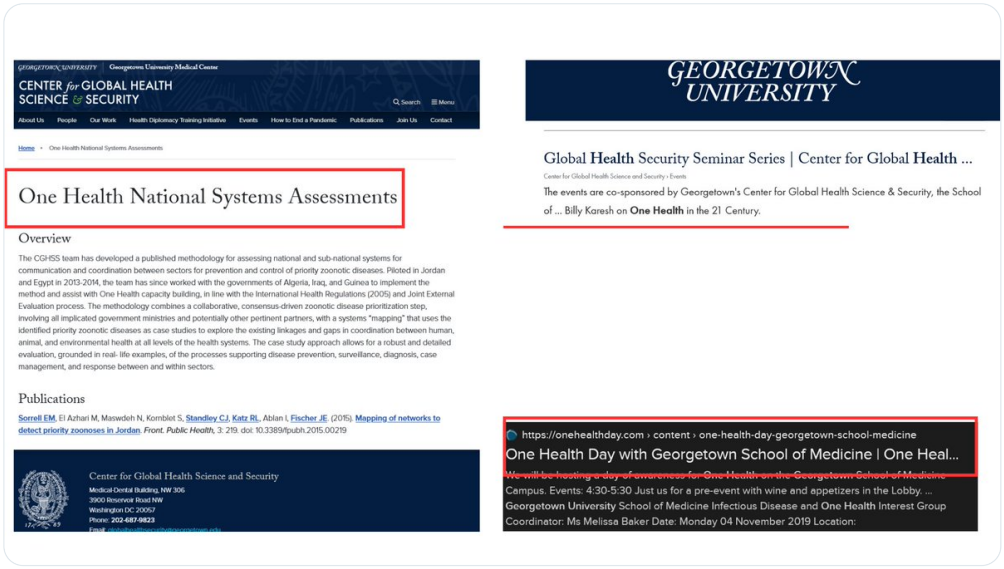
INTRODUCTION

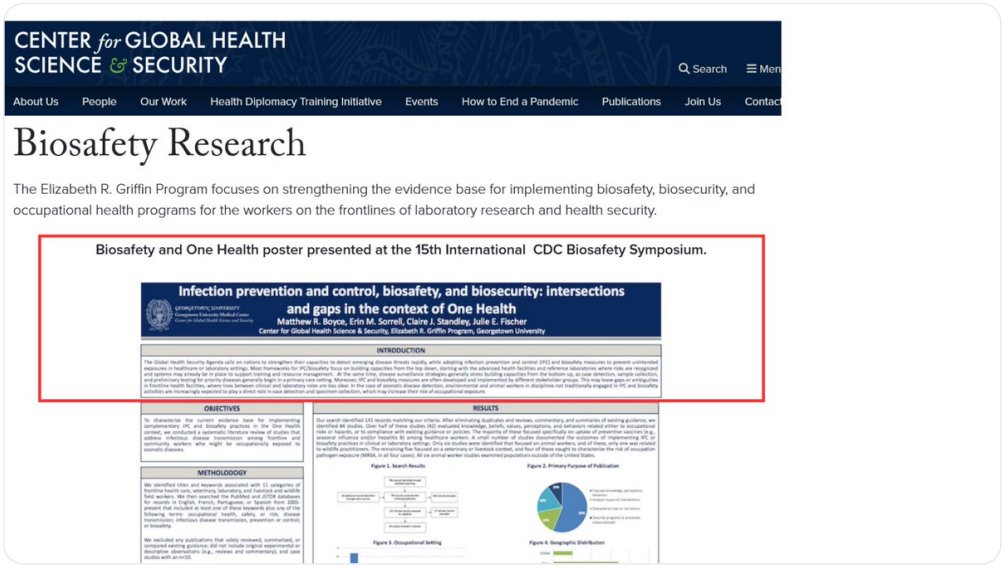
OBJECTIVES

METHODOLOGY

RESULTS

17🧵Not only is GU entrenched in all the aforementioned affiliations but Georgetown is a huge player in the "One Health" agenda. So much so that they convened the first International Global Health Security Conference (GHS 2019) making OneHealth a focus. https://t.co/IvwVbkbL6Z[ghs2019.com/index.php](ghs2019.com/index.php)





18🧵So why is this important? Because CEPI is pushing to 100 days to make vaccines agenda, which is being pushed into; EU, WHO, UN, & CDC. OneHealth is in the WHO treaty & IHR amendments and soon will be enacted. Both are EcoHealth Alliance & BMGF creations. Do YOU trust them?

link: https://apps.who.int/iris/bitstream/handle/10665/336838/PMC7652556.pdf?sequence=1

News

William Karesh: championing "One Health"

Preventing and responding to pandemics requires an integrated approach to human, animal and environmental health. William Karesh talks to Andréia Azevedo Soares.

2020

Q: How did you become interested in the interface between human and animal health?

A: You could say it started with the animals. I grew up outside a small city in coastal South Carolina where there was a lot of wildlife. I would find orphaned baby animals and raise them. That turned into a passion that stayed with me through my education in biology and veterinary medicine. As for the interface, I think it just seemed obvious to me that all these different biological organisms, including us, are interconnected and that it makes sense to look at them as an ensemble. In the past two hundred years or so, the development of different medical specializations has discouraged cross-disciplinary thinking

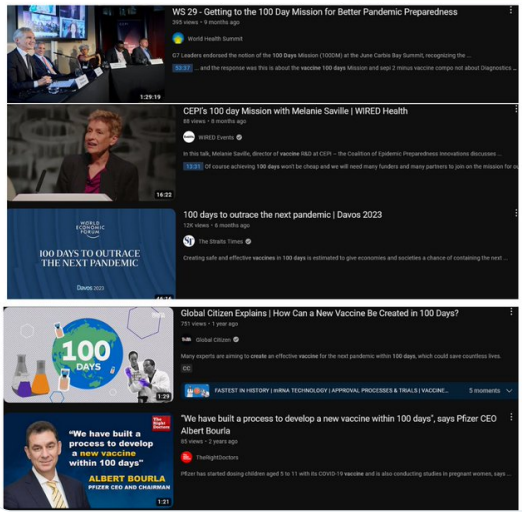
Courtesy of William Karesh

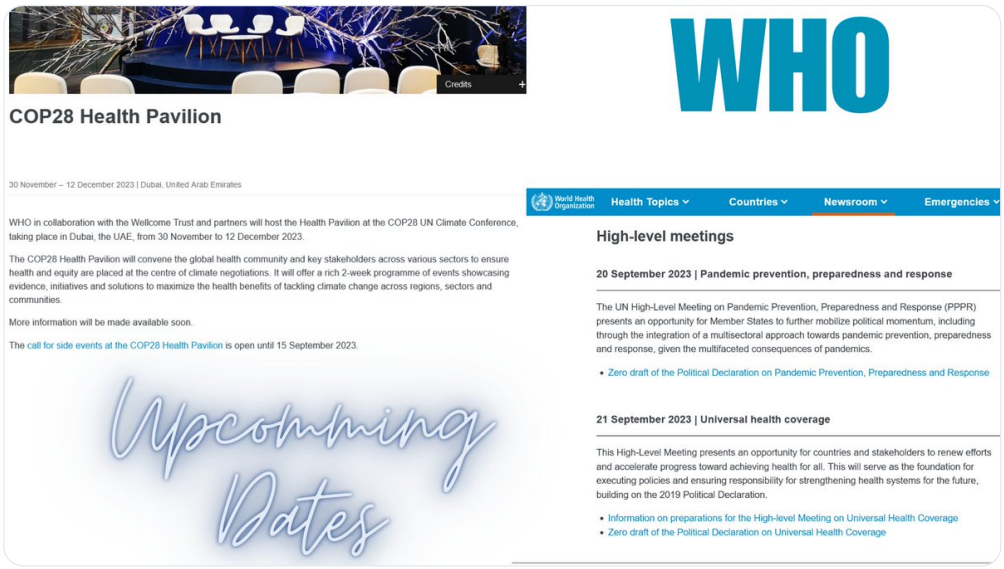
William Karesh

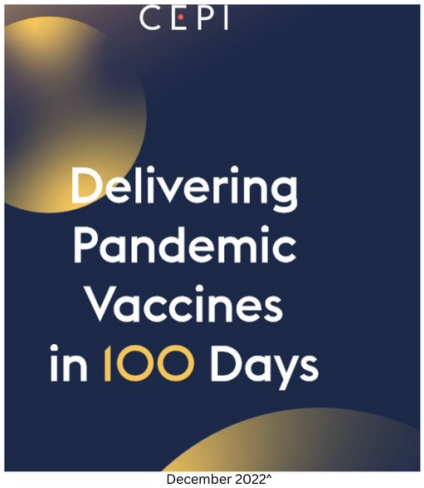
William B Karesh is an internationally recognized authority on "One Health", an integrated approach to animal, human and environmental health. He has pioneered One Health initiatives in over 45 countries and has worked to reduce the impact of diseases such as Ebola, measles and tuberculosis on humans and animals including gorillas and chimpanzees. Executive Vice President for Health and Policy at EcoHealth Alliance, Karesh is also president of the World Organisation for Animal Health Working Group on Wildlife and an expert on the World Health Organization (WHO)'s International Health Regulations Roster of Experts focused on the human–animal interface and wildlife health. Author of over 200 peer-reviewed articles and numerous book chapters, he received a Bachelor of Science in biology from Clemson University in South Carolina, United States of America in 1977, and a doctorate in veterinary medicine from the University of Georgia, South Carolina in 1982.

KARESH
ECOHEALTH ALLIANCE
ONE HEALTH

100 DAYS AGENDA







December 2022^

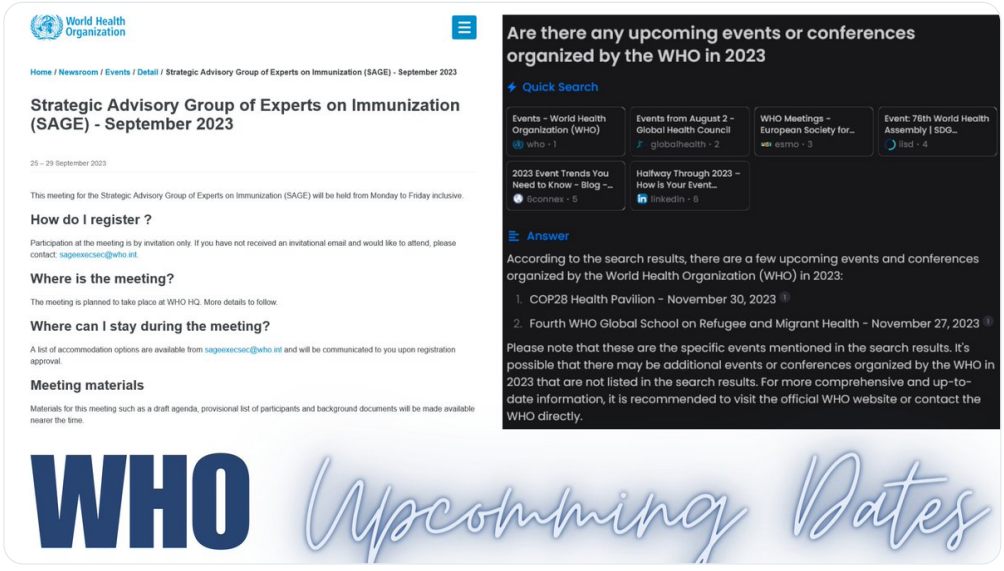
19🧵I haven't even begun on the Disease Surveillance apparatus that they are trying to implement globally and how all these people are names you WILL see again in regards to your health freedoms. Receipts are on the slides. #NoOneHealth #stopthetreaty

EIOS = EPIDEMIC INTELLIGENCE FROM OPEN SOURCES
WHO=WORLD HEALTH ORGANIZATION
HDRAS = HAZARD DETECTION AND RISK ASSESSMENT
JRC=JOINT RESEARCH CENTRE
EAR=EARLY ALERTING AND REPORTING
EC=EUROPEAN COMMISSION
WOAH=WORLD ORGANIZATIONF FOR ANIMAL HEALTH
PAHO= PAN AMERICAN HEALTH ORGANIZATION
GPHIN= GLOBAL PUBLIC HEALTH INTELLIGENCE NETWORK
GHIF= GLOBAL HEALTH INVESTMENT FUND [2012]
GHIC=GLOBAL HEALTH INVESTMENT CORPORATION
GHSA-GLOBAL HEALTH SECURITY AGENDA
GPMB-GLOBAL PREPAREDNESS MONITORING BOARD
IAVI- INTERNATIONAL AIDS VACCINE INITIATIVE [1996]
GAVI-GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION [2000]
CEPI- COALITION FOR EPIDEMIC PREPAREDNESS INNOVATION [2017]
DHIS2- DISTRICT HEALTH INFORMATION SYSTEM 2 [2006 EU]
HISP= HEALTH INFORMATION SOFTWARE PLATFORM
UN=UNITED NATIONS, USG= UNITED STATES GOV EU=EURO UNION
EC= EUROPEAN COMMISSION

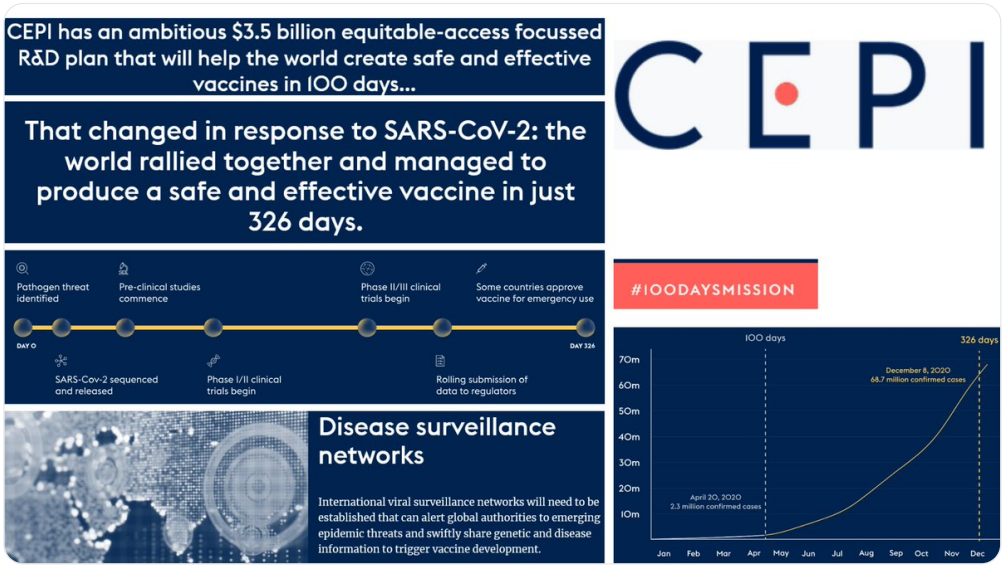
Important

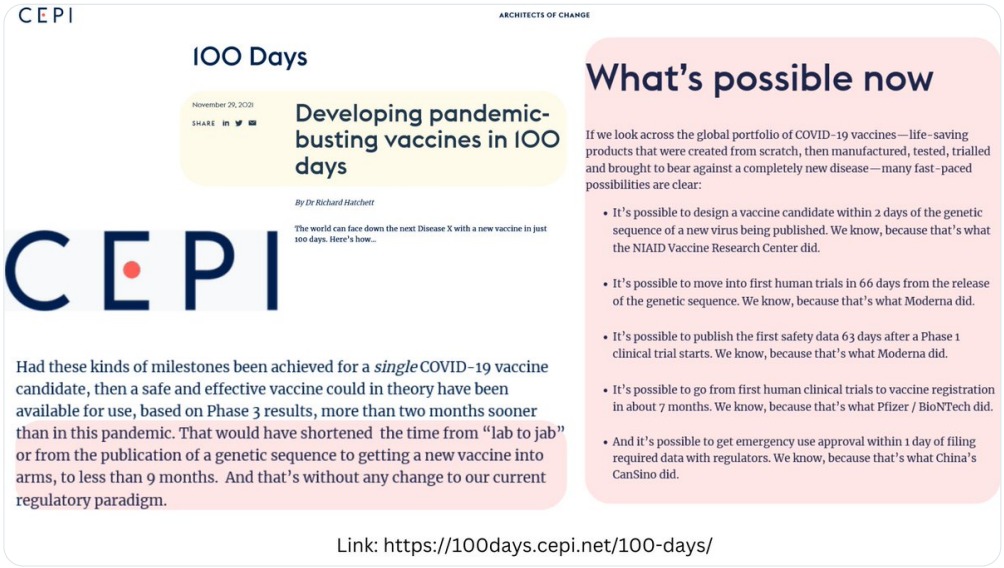
ABBREVIATIONS

that YOU should know !



WHO *Upcomming Dates*





Link: https://100days.cepi.net/100-days/

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